

Supreme Court of Nevada  
ADMINISTRATIVE OFFICE OF THE COURTS

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Assistant Court Administrator  
Judicial Programs and Services



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Deputy Director  
Information Technology

VERISE V. CAMPBELL  
Deputy Director  
Foreclosure Mediation

**Nevada Certified Court Interpreter Program**

**2015 ORIENTATION WORKSHOP (OW)/ WRITTEN EXAM (WE) FOR  
PROSPECTIVE COURT INTERPRETERS – REGISTRATION FORM**

**Registration Deadline: July 6, 2015**

**Payment: Please pay after July 1, 2015 and by July 6, 2015**

**Audience: Prospective Court Interpreters (All Spoken Languages)**

<b>LOCATIONS</b> <i>(Please select appropriate)</i>	
<input type="checkbox"/> <b>RENO, NV</b> Date: July 18-19, 2015 (Sat. & Sun.)  Location: Reno-Tahoe International Airport River Room (Baggage Claim) 2001 East Plumb Lane Reno, NV 89502	<input type="checkbox"/> <b>LAS VEGAS, NV</b> Date: July 11-12, 2015 (Sat. & Sun.)  Location: Clark County Government Center Organization Development Center Room#1 500 S. Grand Central Pkwy. Las Vegas, NV 89155

<i>The fee is non-refundable if a candidate has pre-registered and does not attend the workshop/take the exam. Please make checks/money orders payable to the Administrative Office of the Courts (AOC).</i>	
<input type="checkbox"/> Nevada Resident (OW) <b>\$200.00</b> <input type="checkbox"/> NV Resident (WE 07/12&19/15) <b>\$75.00</b>	<input type="checkbox"/> Out-of-State Resident (OW) <b>\$400.00</b> <input type="checkbox"/> Out-of-State Resident (WE 07/12&19/15) <b>\$150.00</b>

**Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Language:** \_\_\_\_\_

<b>SPECIAL NEEDS ACCOMMODATION</b>	<b>REGISTRATION FEE</b>						
<input type="checkbox"/> Name: _____ <input type="checkbox"/> E-mail: _____ <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Special Needs: _____	<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><input type="checkbox"/> Workshop Fee</td><td style="width: 20%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Written Exam Fee</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Total</td><td style="text-align: right;">\$ _____</td></tr></table>	<input type="checkbox"/> Workshop Fee	\$ _____	<input type="checkbox"/> Written Exam Fee	\$ _____	<input type="checkbox"/> Total	\$ _____
<input type="checkbox"/> Workshop Fee	\$ _____						
<input type="checkbox"/> Written Exam Fee	\$ _____						
<input type="checkbox"/> Total	\$ _____						
	<b>Return to:</b> Administrative Office of the Courts Attn. Accounting Unit 201 South Carson Street, Suite 250 Carson City, NV 89701						

**NEVADA RESIDENTS WILL BE GIVEN FIRST PREFERENCE.**

THE AOC RESERVES THE RIGHT TO CANCEL AN EVENT IN EITHER LOCATION SHOULD THERE BE AN INSUFFICIENT NUMBER OF PARTICIPANTS OR IF OTHER CIRCUMSTANCES NECESSITATE CANCELLATION. IN THE EVENT OF CANCELLATION, REGISTRATION WILL BE REFUNDED.